

FEE TRANSMITTAL

For FY 2005

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2191
TOTAL AMOUNT OF PAYMENT (\$)	540.00

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (Please Identify): _____

Deposit Account - Deposit Account Number: 12-2252 Deposit Account Name: LSI Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	330	165	550	270	220	110	<u>0</u>
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

52	26
220	110
360	180
Total Claims	Extra Claims
20	Fee (\$)
- 20 or HP = 0	x 502 = 0

HP = highest number of total claims paid for, if greater than 20

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims		Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
20	- 20 or HP = 0	x 502 = 0				Fee (\$)	Fee (\$)
						0	0
Indep. Claims	Extra Claims			Fee (\$)	Fee Paid (\$)		
3	- 3 or HP = 0	x 200 = 0					

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x 250 = 0		

4. OTHER FEE(S)

Other: NOTICE OF APPEAL FEE

Fee(s) Paid (\$)
\$540.00

SUBMITTED BY

Signature	/David D. Brush/	Registration No. (Attorney/Agent)	34,557	Telephone: 612-334-3222
Name (Print/Type)	David D. Brush			Date: December 4, 2008